

WEST VIRGINIA PUBLIC INSURANCE AGENCY  
DEMOGRAPHIC DATA VERIFICATION

**PROVIDER MEDICAL HOME ENROLLMENT FORM**

**DATA VERIFICATION**

We are verifying the information that we have on file for each primary care physician-site combination that we have in our provider file. In the table below, please review the "Current Information" column for accuracy. If any of the information needs to be corrected, please do so in the rightmost column. Also, please provide any missing information.

Please check if either one of these situations applies:

\_\_\_\_\_ The physician listed under "Current Information" is no longer associated with this FEIN.

\_\_\_\_\_ The physician listed under "Current Information" no longer practices at this site.

\_\_\_\_\_ This is not a site address.

If you have checked either one, you just need to sign and date this form.

Data Field	Current System Information	Corrected Information
FEIN		
SFX		This is assigned by Wells Fargo Third Party Administrators, Inc. for internal use
FIRST NAME		
MIDDLE NAME		
LAST NAME		
DEGREE		
PRINCIPAL SPECIALTY		
GROUP PRACTICE NAME		
PHYSICAL SITE ADDRESS 1		
PHYSICAL SITE ADDRESS 2		
CITY		
STATE		
ZIP		
COUNTY		
TELEPHONE NUMBER		
FAX NUMBER		
E-MAIL ADDRESS		
DEA NUMBER		
MEDICAL LICENSE NUMBER		
NATIONAL PROVIDER IDENTIFIER		

**MEDICAL HOME PROGRAM** (Please check off response.)

- |   |          |         |
|---|----------|---------|
| 1. Will the physician participate in the PEIA PPB Plan's Medical Home Program?                | YES ____ | NO ____ |
| 2. Will the physician participate in the WV Children's Health Insurance Medical Home Program? | YES ____ | NO ____ |
| 3. If yes, is this physician accepting new patients?  | YES ____ | NO ____ |

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Name and title of person completing form:** \_\_\_\_\_

Please return this form to: PEIA Medical Home Program  
Wells Fargo Third Party Administrators, Inc.  
P.O. Box 608  
Charleston, WV 25329-0608  
or fax to 304.353.7624

**In addition for every new physician, we will need a copy of their W-9 form.**